Use of this form is limited to reports of minor theft (under \$200) and criminal mischief (under \$500) without a known suspect or evidence.

Reading Police Department Citizen Crime Report

OCA/Case #: (Official use only)	CT UCR CODE:		
Today's Date:/ Current Time:	RECORDS USE ONLY AM PM		
<u>PLEASE PRINT</u> Your Information:			
Last Name: First name:	Middle Initial:		
Street Address:	Apt:		
City: State	: Zip:		
Phone #: Home () Work ()	Mobile () Other ()		
E-mail Address:			
Sex: Male Female Race: Ethnicity: (Hispanic or Non-Hispanic)			
Victim's Age Date of Birth/ Occupation			
Name of Business (if applicable):			
Street Address:			
City:			
Location Where Crime Occurred: Residence: Business:	School: Other		
Address:			
Date Crime Occurred: Time Crime Occurred: AM PM			
OR OR			
Date/Time Period Crime Occurred: Between//			
and/	AM PM		
Status/Condition of Property: (List value of loss or damage estimate below)			
DESCRIPTION:	Stolen Damaged D		
Value: \$ Make Model	Serial Number		
DESCRIPTION:			
Value: \$ Make Model	Serial Number		
DESCRIPTION:	Stolen Damaged D		
Value: \$ Make Model	Serial Number		
Additional property loss can be placed in the narrative portion on page #2 of this report.			
WITNESSING OFFICER: COMPUTER #: F	REVIEWING SUPERVISOR: #:		
CLEAN DATE & TIME: BY WHOM: MESSAGE #: ENTRY	RADIO DATE & TIME: BY WHOM: G.B.		
BELOW	FOR RECORDS USE ONLY		
RPD PROCESSED BY: Q.C. BY: E-10 BY: CLASSIFICATION CHANGED:	NO ENTERED BY: PROPERTY BY: SPECIAL DISTRIBUTION BY: BULLETIN BY:		
(REV: 12/2006 YES, TO:			

Vehicle Information:			
Make:Model:	Color	Year:	
VIN:	Registration #:	State:	
	Ethnicity: (Hispanic or		
Street Address:		Apt:	
	State:		
INSURANCE CARRIER PROVIDING COVERAGE:	NAME & ADDRESS OF INSURANCE CARRIER'S AGENT:	AGENT'S TELEPHONE #:	
PLEASE READ WARNING BELOW!			

False Reports to Law Enforcement Authorities: by signing and submitting this report to the reading police			
DEPARTMENT I VERIFY THAT THE FACTS SET FORTH HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE OR INFORMATION AND BELIEF. THIS VERIFICATION IS MADE SUBJECT TO THE PENALTIES OF SECTION 4904 OF THE CRIMES CODE OF PA (18 PA.C.S. §4904) RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.			

SIGNATURE OF COMPLAINANT: DATE REPORT FILED://			
Description of What Occurred: (Please attach additional pages if needed)			
-			
-			
-			

MAIL or RETURN TO:

Reading Police Dept. 815 Washington Street, Reading, PA 19601-3690